



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0947

ORI (Code assigned by DOJ)

EMERG MED RESPONDER LIC/CERT

Authorized Applicant Type

EMR CERTIFICATION

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

ICEMA

Agency Authorized to Receive Criminal Record Information

1425 SOUTH "D" STREET

Street Address or P.O. Box

SAN BERNARDINO

City

CA

State

92415-0060

ZIP Code

00660

Mail Code (five-digit code assigned by DOJ)

SHERRY HANSEN

Contact Name (mandatory for all school submissions)

(909) 388-5823

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex ☐ Male ☐ Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:



DOJ



FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed